

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/517548</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	\$ <u>100</u>
		<input type="checkbox"/> Amendment	\$
		<input type="checkbox"/> Extension of Time	\$
		<input type="checkbox"/> Notice of Appeal/Appeal	\$
		<input type="checkbox"/> Petition	\$
		<input type="checkbox"/> Issue	\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
		<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$		
<input type="checkbox"/> Other	\$		
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>03--2775</u>	
<input type="checkbox"/> Overpayment	<div style="transform: rotate(-45deg); font-weight: bold; font-size: 0.8em;"> REFUND COMPLETED PCT NATIONAL DIVISION </div>		
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation): _____			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>TAMARA HOLLAND</u>		TITLE: <u>Principal</u>	
SIGNATURE: <u>T. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		X209	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: